

Health,
Welfare
Public
Service

300
-56

ALL
diseases in Part I must be
casually related. Coroner
must certify to a death due
to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24708
STATE FILE NUMBER
3084

FILED AUG 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL 70 years				Length of stay in hospital		d. STREET ADDRESS 219 W. 16TH		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle M. Last MARSHALL				4. DATE OF DEATH July 1, 1957 Month July Day 1 Year 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH October 20, 1870		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 3 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bellflower, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James M. Marshall				14. MOTHER'S MAIDEN NAME Dorothy Robbins					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO. none		17. INFORMANT Address VA Hospital Official Records, K. C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Large intestinal (rectal) obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Annular infiltrating carcinoma of rectum DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Severe pulmonary congestion and edema; atelectasis of the lungs								INTERVAL BETWEEN ONSET AND DEATH 154 hr	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 21, 1957 to July 1, 1957 and last saw him alive on Death occurred at 10:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE A. J. Williams, M.D. (Degree or title) D				22b. ADDRESS VA Hospital Kansas City, Mo.				22c. DATE SIGNED 7/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 5, 1957		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) FT. LEAVENWORTH KANSAS			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 7-3-57		26. REGISTRAR'S SIGNATURE Reva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 49

P. O. Address KEV

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.